Lakeville Cable Access Channel 187 Video Playback Request Form

| Submitter's name: | | Date: | | | | |
|---|---|------------------------------|---------------------------------------|---------------------------------------|---------------------------------|------|
| Address: | Phone: | | | | | |
| City: | _ State: | Zip: | E-mail: | | | |
| This program is being submitt A completed and signed form | | | | e DVD will not | be returned. | |
| Series? ☐ If checked, ☐ If checked, | name of ser final date re | ies: quested for pl | ayback: | | · | |
| I request the playback on: | | Charter Cable A | | | | |
| Permission for Lakeville Ca | | | | | ′ES □ NO | |
| Check the following disclain ☐ May be of question ☐ Contains adult lang | able technic | al quality 🗆 | Has a matu | | ssary | |
| | Statem | ent of Resp | onsibilities | | | |
| I have read, understand and a policy. | agree to con | nply with Lake | eville Cable A | ccess Channo | el 187 operating | |
| I accept full responsibility for the program I am presenting. elected officials, officers and franchised cable companies) breach of this statement of c | I agree to in staff; and Ch against any | ndemnify and narter Commu | hold harmless inications and | s the City of L d Frontier Cor | akeville, its nmunications (the | |
| Furthermore, I understand I a obscenity, incitement, indece | • | | | | | laws |
| Program submitted by: | (Signature) | | | Date: | | |
| Program created by (if other t | | er): | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| A local sponsor is required. | Sponsor in | nformation (I | different tha | an submitter |); | |
| Name: | | | | | | |
| Address: | | | | State: | Zip: | |
| Phone Number: | | | | | | |

Mail or drop off: Lakeville Cable Access Channel 187, 20195 Holyoke Avenue, Lakeville, MN 55044 If you have questions, call the City of Lakeville at 952-985-4400.